Patient care

Rosita DeJesus

6/11/2018

GCU: HLT-490V-O500

**PATIENT CARE**

**Proposal**

Patient care is the priority of every Healthcare institution in the world. This may be because of the need to keep patients safe in every circumstance or situation that may arise within the institution. After identifying the healthcare issues that occur within hospitals are the targeted individuals. Here is a proposal of a solution that may minimize if not do away with the risk factors. For instance, in a situation where most of the hospital's patient population is affected by Sepsis infection, (this is a form of blood infection) I came up with a strategy to ensure that the infection's risk factors minimized and the best treatments are administered to the patients to prevent future of further infection. The approach involves proper checking of the patient to ensure that they do not develop more symptoms that would indicate the spread of the current disease of infection by new viruses or flu.

In addition to that, the nurses responsible for patients are also responsible for their cleanliness and that of their surroundings, administers the right medication at the right time and above all the patients should be involved in activities that help them heal both emotionally and physical such as taking time to walk out once a day, exercising and having the freedom to speak about how they feel now and then. These strategies may not eliminate the infections but may help reduce the risks of being infected or minimize the spread of the virus. For instance, if an infection arose in a patient and through close monitoring the nurses of personnel identify the additional symptoms and took appropriate measures, the probability that the patient will survive is very high because the infection is not given time to thrive.

**Implementation plan**

Having support from the management and the employees of the institution proved a bit difficult but at the end of the day, my goals align with theirs, and it took me a while to convince them into considering my strategies. The strategies may require changes in one way or the other, but I made sure that they witnessed my work and how easy the approach made my work and in the end, I got the approval I so much wanted. Currently, the organization is in a position where a patient is not monitored by specific nurses but just random nurses; whoever is on duty at the time of the checkup. This does not put the patients in a good position since they do not get the correct attention from the nurses. The random nurses who administer their medications are not fully aware of their condition; their job is to administer the drug and walk away. The environment of the patients is also not carefully monitored and so is their personal cleanliness since the nurses have no time for that (Lebow, 1975). These situations may be common, but they put the patients at risk of acquiring more infections because their immunity is already under an attack.

The proposed solution is precisely the opposite of the current one. Nurses are assigned duties according to their shifts, but each nurse gets to work with patients who they take care of and monitor more frequently. The nurses would be trained on the right ways of treating their patients and the best communication skills which put their patients at ease and assists in creating a certain level of relationship so that the nurses can understand what the patients are going through during every visit and analyze the information appropriately. Once the nurse is out of the shift, the next nurses replace them and take just the patients on the list of the nurses they replaced and utilize the notes from the previous nurse to understand the progress of the patients. Their environment and personal cleanliness are also monitored to give no room for any infections. This close monitoring of the patients enables the physicians or nurses to identify a change in the patients' progress or whenever the patient develops additional symptoms so that they act fast in eliminating the threat.

More policies are introduced in the attendance of the nurses whereby a nurse cannot be replaced unless his or her presence may put the patients in danger or unless he or she is not of right minds. A patient is supposed to have two nurses; one during the day and the other at night. This way, the relationship between the patients and the nurses is kept, and the close monitoring is made possible. These patients are given the opportunity and the freedom to talk to their nurses about their progress or difficulty so that they find the best way forward and minimize extended stays in the hospitals. Patient care is not entirely physicians' job but also that of the patients themselves because it takes two to solve a situation however difficult it may be (Freshwater, 2002, p. xx). The new policies put across are closely monitored by the organization's managerial department and the Human Resource Management of the facility.

To come up with the proposition, I had to closely monitor the risks the patients are put into by the current policies and come up with simple but effective strategies that would ensure that the patients are well taken care of always. I figured out how the facility's system would run if the patients were put in a different environment and the nurses were made to do their job in a certain way. To come up with this strategy, I had to monitor and determine the feelings of the patients when I kept monitoring their progress daily (Grossherr, 2012, p. 57). They became more open and formed a relationship with me in that they would voluntarily tell me how they are feeling rather than waiting for me to pop the question. I after that figured that the strategy would work best with the patients and since they are the primary concern of the institution, they had to come first in every decision or policy.

According to the recent studies, the current policies cause more harm to the patients than good. Patients' stay in the hospitals is increased when they are not carefully monitored because they catch diseases that could be prevented and the probability of them losing their lives in the process is very high because they are not carefully monitored. The changes can be implemented into the current policy by forming new schedules and giving the nurses the chance to choose their working positions and duration. This will encourage flexibility, and every party comes out of it happy. The Human Resource Management should oversee initiating the changes but letting the nurses chose their own schedule so that it has no hard task but monitor the programs.

However, the implementation of the new policies would bring a lot of changes and therefore it is appropriate that both the nurses and the patients are satisfied with the changes. The management should closely monitor the responses of both the patients and the nurses, administer questionnaires to them so that they give their feedback on the new policies and giving them time and opportunity to participate in post and pre-tests. The management should also take part in the training process by administering pamphlets, posters and other forms of presentation including PowerPoint presentations. More staff should be employed to avoid overcrowding of patients to a single nurse and to enable frequent monitoring of the progress of the employees and their surroundings. However, the implementation process is very costly because of practice materials, cost of educating staff and making the printouts are not accounted for by the organization and would, therefore, cause strain at some point. If the implementation process becomes successful, then the fruits of the struggle would show when the institution manages to fulfill patients' needs without exposing them to any danger.

**Evaluation plan**

When evaluating the outcome, the patients may be interviewed and given a chance to present their feedback by filling in questionnaires at the end of their stay in the hospital. They may also be observed from different perspectives including their behavior when particular nurses monitor them and when the nurses are changed regularly. Their progress can also be monitored to identify the difference in their cooperation when with specific nurses and when followed by random nurses. The patients' attitude towards medication is another important variable that could be used to evaluate their position within the institutions.

The outcome after implementation of the new policies would be more favorable compared to the current systems. The patients would trust their nurses and tell them every single change in their progress whether positive or negative and not wait to be persuaded into talking. They would also respond well to the medication because they would feel loved and appreciated whenever the nurses worked into their rooms to check on them (Grossherr, 2012, p. 57). They would also feel a sense of belonging and always work hard to achieve better results. As a result, their stay in the hospitals would be reduced since they would not get the chance to get any worse under the care of the facility. Their risks towards other infections that come due to untidiness or improper medication may also reduce because there would be monitored for a change no matter how simple the difference was and it would be dealt with before it worsened.

As mentioned earlier, the patients would be happy and fulfilled, and they would always feel the need to speak up whenever they had an issue that needed to be addressed. Above all, the organization's success would be well explained by the outcome. An institution with healthy and happy patients and employees is the best anyone around the world would love to be a part of.

In conclusion, considering my last study and research, I could determine the challenges within the facility and their consequences and as a result came up with a new proposal that would address the issues of patient care and get rid of potential risks. The project was mainly aimed at improving the lives of the patients within the hospital premises and ensuring their safety and wellbeing. The implementation of the proposed strategy may lead to the success of the organization and the well-being of both the patients and the nurses.

**References**

Freshwater, D. (2002). *Therapeutic nursing: Improving patient care through self-awareness and reflection*. London: SAGE.

Grossherr, M. (2012). Monitoring in OR and ICU – How much monitoring does a patient need? *Biomedical Engineering / Biomedizinische Technik*, *57*(SI-1 Track-L). doi:10.1515/bmt-2012-4522

Lebow, J. (1975). Evaluation of an Outpatient Pediatric Practice Through the Use of Consumer Questionnaires. *Medical Care*, *13*(3), 250-255. doi:10.1097/00005650-197503000-00007

<https://blogs.cdc.gov/safehealthcare/my-story-when-the-signs-of-sepsis-are-missed/>. Retrieved 6/10/2018 from <https://www.cdc.gov/>